



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
Graduate School of Biomedical Sciences

## Integrated Learning Experience Selection

Student Name: \_\_\_\_\_

R Number: \_\_\_\_\_

For my Integrated Learning Experience in the Masters of Public Health program I will be selecting:

- ☐ ILE Exam
- ☐ Project
- ☐ Thesis
- ☐ Capstone Course

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be submitted by no later than the 12<sup>th</sup> class day. Please refer to the academic calendar for the correct date.